Office of Safety, Health & Risk Management

Post Office Box 308 66 Union Street, South Concord, North Carolina 28026-0308
(704) 920-5111 Fax (704) 788-9177

CITIZEN REQUEST TO FILE A CLAIM

This form is to be completed by the Citizen filing a claim for damages or reimbursement from the City of Concord. Please complete all applicable information and be as specific as possible. Attach any documentation available (i.e. Police Report, invoices, bills, estimates, photographs, etc.). If estimates are attached, two (2) independent estimates for repair / replacement must be provided. This information will be provided to the City's insurance adjusting firm for investigation and disposition of the Claim.

NOTE: **BY SUBMITTING THIS FORM, THE CITY OF CONCORD IS NEITHER ACCEPTING NOR DENYING LIABILITY OR RESPONSIBILITY FOR THE OCCURRENCE DESCRIBED BELOW. AN INVESTIGATION WILL BE CONDUCTED BY THE CITY OF CONCORD. FURTHER INFORMATION MAY BE REQUIRED FROM THE CLAIMANT. THE CLAIMANT WILL BE NOTIFIED BY MAIL AS TO THE FINAL DISPOSITION OF THE CLAIM BY THE CITY'S INSURANCE ADJUSTING FIRM.**

Date of Occurrence: _____ / _____ / _____ **Time of Occurrence:** _____ : _____ **am / pm**

Location of Occurrence: _____

Claimant Information: **Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: Home: (_____ **)** _____ **Work: (** _____ **)** _____

Description of Occurrence:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Office of Safety, Health & Risk Management

Post Office Box 308 66 Union Street, South Concord, North Carolina 28026-0308
(704) 920-5111 Fax (704) 788-9177

Extent of Damages: _____

Estimate of Damages: $ _____ **(Attach documentation)**

Insurance Company: _____ **Policy Number:** _____

Agent: _____ **Phone Number: (_____)** _____

Witness: _____

Witness: _____

Address: _____

Phone: (_____) _____

Signed: _____

The above two (2) pages are true, complete, and accurate statements of the facts of my claim. I authorize the City of Concord to investigate my claim and to detain information, including confidential or medical information that may be relevant to my claim.

_____ _____

Signature of Claimant **Date**